



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

HealthSmart Benefit Solutions, Inc.														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	3,240	3240
PR	2011	0	0	2,071	0	9,921	2,293	0	0	2,188	0	0	1,957	18430
PR	2012	0	0	10,294	0	0	9,558	0	0	8,703				28555
ME	2009	0	0	0	0	0	0	0	0	0	0	0	8,430	8430
ME	2010	0	0	0	0	0	0	0	0	0	0	0	6,807	6807
ME	2011	7,330	7,353	5,475	5,461	5,196	5,168	6,249	6,261	6,258	6,258	6,257	5,666	72,932
ME	2012	6,119	6,094	6,098	6,084	6,050	4,824	5,812	5,805	5,808	5,765			58,459
PV	2011	934	933	1,080	1,035	1,050	926	817	986	839	969	959	842	11370
PV	2012	869	765	777	870	799	836	741	510	554	562			7283
MC	2008	1,446	1,986	1,319	1,816	1,670	1,848	1,928	1,847	1,645	2,060	1,962	1,919	21,446
MC	2009	1,936	2,046	2,150	2,328	2,399	2,375	2,281	2,208	2,119	2,568	2,141	2,092	26,643
MC	2010	2,482	2,064	2,130	2,665	2,376	2,825	2,314	2,181	2,151	2,270	2,529	2,248	28,235
MC	2011	1,819	1,999	2,391	2,133	2,673	1,792	1,453	2,141	1,697	2,253	1,955	1,488	23,794
MC	2012	1,603	1,834	2,167	1,983	1,694	1,785	1,776	937	1,318	1,488			16,585
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0			0
DC	2008	72	76	89	92	138	101	57	53	54	110	61	57	960
DC	2009	74	30	115	102	99	82	54	48	86	58	80	60	888
DC	2010	105	74	56	102	74	82	60	71	69	47	65	39	844
DC	2011	26	41	27	27	31	21	22	43	19	33	22	11	323
DC	2012	30	86	40	48	44	51	62	53	24	45			483

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









